

HHS/CDC Global AIDS Program (GAP) in the Caribbean Region -- FY 2003



About the Caribbean Region

The interdependence of the Caribbean region requires a strong regional response to the HIV/AIDS epidemic. This is being conducted under the leadership of the Caribbean Community (CARICOM), which has created the Pan Caribbean AIDS Partnership (PANCAP) to coordinate the regional approach to addressing and controlling the HIV/AIDS epidemic. The principle technical public health organization for the region is the Caribbean Epidemiology Centre (CAREC).

The HIV/AIDS Situation in the Caribbean

Outside of sub-Saharan Africa, the Caribbean has the highest HIV prevalence rate of any region of the world and the highest HIV incidence rate among women in the Americas.¹ Nine of the 12 countries with the highest HIV prevalence in the Americas are in the Caribbean area. It is estimated that approximately 2% of the region's population is infected with HIV.² The rate of infection is increasing in some countries in the region. AIDS is already the chief cause of death for men and women between the ages of 15 and 45 in many Caribbean countries. The primary mode of HIV transmission in the Caribbean is presumed to be heterosexual contact, accounting for 64% of AIDS cases in CAREC-member countries. Mother-to-child transmission represents 6% of reported AIDS cases and may rise due to increasing infection rates among women and the lack of systematic programs across the region to prevent mother-to-child-transmission (PMTCT) of HIV. Male-to-male transmission of HIV is still considered a significant mode of transmission. Among men, 20% of HIV/AIDS infections are reportedly due to sex with other men, and an additional 22% report an "unknown" risk factor. It is estimated that up to 80% of these "unknown" modes of transmission are attributable to sex with men. Young girls are also at particularly high risk for HIV infection by older men in the Caribbean.

About the Global AIDS Program in the Caribbean Region

Year Established: 2002

FY 2003 Budget: \$1.84 million

In-country Staffing: 2 CDC GAP Direct Hires; 3 Locally Employed Staff; 4 Contractors³

Program Activities and Accomplishments

In FY 2003, the GAP Caribbean Regional Program achieved the following accomplishments in the highlighted areas:

¹ World Bank, 2000; Figueroa, 1995; Voelker, 2001

² UNAIDS, 2001.

³ Figure represents a May 2004 census taken by GAP staff; staffing subject to change.

Preventing Mother-to-Child HIV Transmission

- Collaborated with the U.S. Agency for International Development (USAID) to implement regional and bilateral plans for the President's International Mother and Child HIV Prevention Initiative (PMTCT Initiative) in the Caribbean. Programmatic interventions within these initiatives include support of the clinical care interventions, such as the development of national plans for scaling up care and treatment, laboratory support, and clinical training. Eighteen of 21 CAREC-member countries were assessed and national care and treatment implementation plans were completed in the Bahamas, St. Vincent, and Antigua).

HIV/AIDS Care and Treatment

- Developed the CAREC/CDC Care and Treatment Team to support national care and treatment implementation plans. Two national care and treatment implementation plans were completed, two plans were in progress at the end of 2003, and additional countries are requesting and receiving these services.
- Began planning and supporting, along with USAID, the implementation of a regional HIV/AIDS care and treatment training network. The Caribbean HIV and AIDS Regional Training Initiative (CHART) began in response to the urgent need for a sustainable infrastructure for the training of HIV/AIDS care and treatment providers. To date, accomplishments include:
 - Facilitated the completion of strategic plans for seven sites in five countries.
 - Supported the Jamaica national care and treatment guideline development conference, which provided training for 45 regional persons.
 - Provided support and coordination for the drafting, review, finalization, and dissemination of regional clinical guidelines.

Surveillance and Infrastructure Development

- Provided support to the Caribbean Regional Network of People Living with HIV/AIDS (CRN+) to strengthen operational management and improve infrastructure and communications; worked to support other regional organizations playing critical roles in HIV/AIDS control activities in the Caribbean.
- Enhanced laboratory capacity to support HIV care and treatment. Efforts to improve this capacity include consultations and training to implement and disseminate HIV rapid testing, CD4 cell count testing, viral load testing, surveillance for HIV resistance, and quality control activities for the diagnosis of tuberculosis.
- Provided technical assistance to CAREC for the development of HIV diagnostics using molecular biological assays and the training of technicians in the procedure.

Other

- Supported U.S. Embassies in the Caribbean by providing an "Ambassadors Fund for HIV/AIDS" that focused on the Annual World AIDS theme of stigma reduction "Live and Let Live." For example, two pilot programs in Haiti and Trinidad successfully reached youth and the media.

Challenges

- Individual countries have limited capacity to collect quality surveillance data; human resources and established systems are not in place to facilitate the process. National ministries of health and the AIDS secretariats echo the need for improved surveillance to effectively monitor the epidemic and measure the impact of HIV/AIDS control interventions.
- The Caribbean Region has 25 countries with 4 distinct languages and a variety of cultures. A host of organizations exist in a variety of configurations which presents a unique challenge for the regional program.

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